



CONTINUUM OF CARE REFORM UPDATE: FEBRUARY 2018

“All children deserve to live with a committed, nurturing and permanent family that prepares youth for a successful transition into adulthood.”

The Continuum of Care Reform (CCR) draws together a series of existing and new reforms to our child welfare services program and was designed based on the understanding that children who must live apart from their biological parents do best when they are cared for in committed and nurturing family homes.

HIGHLIGHTS

- Implementation of the Level of Care Protocol has been delayed, and will move forward in a staged approach to occur March-May 2018 pursuant to ACL 18-06.
- Written Directives 5.0 is near final release (anticipated February 6) which outlines simplifications to the RFA process that will enable counties can approve applicants within 90 days.
- The preliminary results of two Foster Parent Recruitment and Retention Support surveys that were sent to counties in September can be found beginning on page six of this report.
- CDSS has assembled a team of researchers and subject matter experts to develop a public-facing, interactive CCR dashboard. This dashboard will address the AB 403 mandate of publically posting provider performance indicators as well as providing transparency in the overall progress of CCR implementation through a variety of metrics. The dashboard will allow members of the public to filter specific data by county and by provider. Currently, the committee is building the framework for the dashboard with the goal of making it as user friendly as possible.
- The Department is holding individual county CCR Implementation calls with county child welfare directors, mental health plan directors and chief probation officers to provide them with targeted technical assistance. These individualized calls also allows the Department to gain insight into each county's CCR readiness and provides a safe place for counties to share concerns and seek assistance.
- Please see Attachment A for the most recent quarterly report produced by a joint effort between CDSS and DHCS on *Mental Health Services Utilization for Children/Youth in the Child Welfare System*
- Please see Attachment B for a summary of county-submitted data on the number of RFA applications received/processed since 1/1/17.

IMPLEMENTATION PROGRESS AND GUIDANCE TO STAKEHOLDERS

ENGAGEMENT AND TECHNICAL ASSISTANCE

Children and Youth Specialty Mental Health Services – Moving Policy into Practice

DHCS, in collaboration with CDSS, is conducting regional county convenings in 2018 to support counties in their implementation efforts and initiatives related to Specialty Mental Health Services for children and youth while providing a forum for counties to learn from each other and strengthen their work with cross-system partners. The goals for these convenings are: to support Counties in their continued implementation of efforts and initiatives related to specialty mental health services for children and youth; and provide updates on Pathways to Well Being (Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC)); AB 1299—Presumptive Transfer, AB 501—Children's Crisis Residential Treatment Programs; and efforts related to the Continuum of Care Reform (CCR).

There will also be a convening via webinar for providers. County and provider convenings are scheduled as follows:

County Convenings:

- Sacramento Area – January 31, 2018
- Central Region – March 8, 2018
- Southern – May 8, 2018
- Bay Area Region – July 12, 2018
- Northern Region – September 27, 2018

Provider Convening Webinar:

- November 2, 2018

Regional Information Transformation Exchange (RITE) Meetings

The California Department of Social Services, Department of Health Care Services, County Welfare Directors Association of California, County Behavioral Health Directors Association, Chief Probation Officers of California, California Institute for Behavioral Health Services, the Regional Training Academies and Casey Family Programs are sponsoring the Continuum of Care Reform (CCR) meetings in the Northern, Bay, Central, Southern regions, as well as Los Angeles, in order to provide robust technical assistance at the local level. Initially these meetings were limited to state and county staff and now open to broader participation including youth, parents, providers, education and judicial partners. Stakeholders are selected by the counties.

The primary topics include Therapeutic Foster Care, Level of Care Protocol, Child and Family Teaming (CFT), Youth with Complex Needs, Assembly Bill 1299, Interagency Collaboration and Communication.

Individual County CCR Implementation Calls

CDSS (with DHCS, CWDA, CPOC and CBHDA participation) continues to schedule and hold individual county CCR Implementation calls with county child welfare directors, mental health plan directors and chief probation officers to discuss Group Home and STRTP transition and capacity adequacy, recruitment and capacity adequacy of RFA, ISFC and TFC families, availability of home based services and supports; and overall implementation of the RFA, including timely approvals. Each call identifies specific implementation actions the county and state agree to complete.

INTEGRATED SERVICES JOINT GUIDANCE

Therapeutic Foster Care (TFC) – Training Resource Toolkit

On December 21, 2017, DHCS and CDSS released Mental Health Substance Use Disorder Services (MHSUDS) Information Notice 17-069/All County Information Notice (ACIN) I-91-17 announcing the release of the TFC Training Resource Toolkit. This toolkit provides information and resources that enable TFC Agencies to develop a TFC parent training program that meet the 40-hour pre-service and 24-hour ongoing TFC training requirements. This toolkit includes learning objectives for each of the TFC training topics, as identified in ACIN I-05-17/MHSUDS IN 17-009, Attachment 2, TFC Parent Qualifications.

Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services, 3rd Edition

On January 17, 2018, DHCS released the third edition of the Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries. This edition of the manual includes content focused on TFC services, and removes previous lockouts regarding the provision of ICC and IHBS to children and youth residing in group homes or Short Term Residential Therapeutic Programs. It also clarifies content throughout the manual and provides documentation examples.

STRTP Mental Health Program Approval Protocol and Interim Regulations

Based on stakeholder input, DHCS updated: 1) Interim STRTP Regulations; 2) the Interim STRTP Mental Health Program Approval Protocol, and 3) the STRTP Mental Health Program Approval Application. DHCS anticipates issuing a MHSUDS Information Notice regarding the requirements and procedures for STRTPs to obtain mental health program approval in February 2018.

In addition, Welfare and Institutions Code Section 4096.5(g) grants DHCS authority to delegate to County Mental Health Plans (MHP) approval, oversight, enforcement, due process and other responsibilities over the mental health programs at short-term residential therapeutic programs (STRTPs) within its borders. Consequently, the MHSUDS Information Notice referred to above or a separate MHSUDS Information Notice will address the DHCS “Delegation of Task” process which will identify whether the MHP will accept the delegation of the STRTP Mental Health Program Approval process or not. If an MHP does not accept the delegation, DHCS will be responsible for conducting the Mental Health Program Approval for STRTPs in that county.

Mental Health Screening and Referral Case Review Study

CDSS has begun working on a Mental Health Screening and Referral Case Review Study. An analysis has been completed of CWS/CMS administrative data of all children in foster care between April 1, 2017 and June 30, 2017, identifying screenings and referrals these children received during the last 12 months from September 30, 2017. CDSS has shared the results of this analysis with counties, who have reported back that the data is incomplete. Counties have expressed a willingness to work with CDSS to look into these data quality issues, as well as any practice issues, and provide accurate data. To that end, case reviews will be targeting two populations: 1) children who did not receive a mental health screening; and 2) children whose screening resulted in a need for referral for services, but did not receive a referral (as documented in CWS/CMS). The sample size and case review methodology are currently being refined as we coordinate further with counties and internally across divisions.

Building upon CDSS' Mental Health Screening and Referral Case Review Study, DHCS will use the mental health screenings and referrals that have been documented in CWS/CMS to determine which of the children/youth who had a positive mental health screening and were referred to specialty mental health services (SMHS) either were or were not provided with services in the SMHS system, as evidenced by claim(s) in the Short Doyle / Medi-Cal (SD/MC) System. Specifically, DHCS will be targeting two populations: 1) Children/youth who were screened and referred by child welfare, but did not receive SMHS and 2) Children/youth who were screened and referred by child welfare who received only 1-4 services (penetration, but not engagement). DHCS will sample from each of these population groupings and work with counties to determine the reasons why children/youth were referred, but did not receive SMHS and, for those who did 'penetrate' into the SMHS system (i.e., had at least one service), why they did not 'engage' with the SMHS system (i.e., had less than 5 services). DHCS is also working to determine the sample size and case review methodology.

THE CHILD AND FAMILY TEAMING (CFT) PROCESS

CDSS has selected the Child and Adolescent Needs Assessment (CANS) as the functional assessment tool to be used within the Child and Family Team (CFT) process to guide case planning and placement decisions. DHCS has also selected the CANS, as well as the Pediatric Symptom Checklist, to measure child and youth functioning. A forthcoming CDSS/DHCS ACL/MHSUDS IN will provide information to counties regarding the selection and use of the CANS. The [50 Core Items](#), known as the CANS Core 50, is the state-approved assessment tool and counties may opt to add questions specific to their local needs, if desired. Prioritization of the 50 Core Items to be addressed by the CFT will be at the discretion of CFT members. CDSS and DHCS issued [ACL 18-09/MHSUDS IN 18-007 \(January 25, 2018\)](#).

CDSS issued [ACL 17-104 \(December 4, 2017\)](#) to provide counties with formal step-by-step instructions on how to document CFTs in the Child Welfare Services/Case Management System (CWS/CMS). The documentation instructions align with the CFT requirements and guidelines outlined in ACL 16-84. CDSS believes this approach supports and promotes consistent social work and probation practices, as well as data entry and reporting practices at the local level. Counties are expected to use CWS/CMS to document CFTs effective January 1, 2018. Prior to the release of the ACL, CFTs have been tracked using claims data.

A System Change Request (SCR) is currently in process to make minor adjustments to the functionality of CWS/CMS for documenting CFTs. The adjustments include the ability to document the participation of multiple siblings and other family members in the CFT process, the ability to track the participation of a child's biological mother and father in the CFT process, and the addition of a CFT Facilitator as a Key Role. These changes will help CDSS meet its responsibilities to provide oversight, monitor progress, and produce reports regarding the implementation and effectiveness of CFT policies and practices. The SCR release is scheduled for November 2018.

CDSS will release a CANS and CFT policy letter that will provide requirements and guidelines for the utilization of the CANS assessment tool within the CFT process for case planning and placement purposes. This policy letter will also provide information to counties regarding best practices and fidelity measures. Anticipated release is March 2018.

CDSS will release a CFT policy letter, ACL 17-84, that includes Frequently Asked Questions (FAQs) and provides information that covers a range of CFT topics, including but not limited to, meeting timing and frequency, team roles, team-based case planning, and information sharing, and confidentiality. Anticipated release is February 2018.

CDSS issued [County Fiscal Letter \(CFL\) 17/18-42 \(December 12, 2017\)](#), which informs County Welfare Departments (CWDs) and County Probation Departments (CPDs) of the fiscal year 2017-18 CFT allocation. The letter was presented in the context of the policy outlined in ACL 16-84.

CDSS is leading a CFT Project Team with the Resource Center for Family-Focused Practice at UC Davis that includes various training entities and experts, and whose goal is to ensure statewide delivery of CFT trainings adhere to the fidelity of the CFT model. CDSS and the Resource Center are in the process of finalizing the state-approved CFT Curriculum, which includes training standards and learning objectives. The curriculum is consistent with the requirements of ACL 16-84 and can be adapted and used by training entities, as well as county child welfare, probation, and behavioral health agencies. The CFT Curriculum will be available to counties in February 2018.

In partnership with the Resource Center for Family-Focused Practice at University of California, Davis, CDSS is delivering CFT Training for Trainers and skills-based trainings to counties upon county request. These trainings are intended to reach juvenile probation, child welfare, behavioral health, education, and other community partners. These trainings will continue to be scheduled throughout 2018. Additional courses for jurisdictions and agencies in of more advanced or specialized training are also available per county request.

Three different brochures have been developed within CDSS to inform youth, parents, and professionals about the CFT process. All three brochures align with CFT requirements and guidelines and provide guidance specific to the needs of each group. These brochures will be posted to CDSS' websites and will also be published and disseminated statewide. CDSS worked closely with youth partners at the Youth Engagement Project and California Youth Connection, Parent Partners, and other stakeholders throughout this process. Anticipated release is February 2018.

CDSS is currently reviewing the Common Core 3.0 curricula for child welfare workers, ensuring integration of CFTs and CANS in the curriculum. Each practice area in the Common Core 3.0 has a set of measurable learning objectives for knowledge, skills, and values essential to the provision of services to children and families. The integration of CFTs and CANS into the curricula will highlight the importance of enhanced care coordination and collaborative decision making across systems and allow for better monitoring of child and family outcomes and well-being.

LEVEL OF CARE (LOC) PROTOCOL

On or after March 1, 2018, FFAs will begin using the LOC Protocol tool to determine the LOC rates which include the Basic Level Rate, LOC 2, LOC 3, and LOC 4. On May 1, 2018, all other placement types non-FFA placements will begin using the Protocol Tool to determine a LOC rate. [ACL 18-06](#) provides more information to counties regarding the delayed implementation of the LOC and guidance on how to use the Protocol tool.

CDSS will release another ACL in early February regarding implementation of the Intensive Services Foster Care (ISFC) Program. Effective December 1, 2017, all Intensive Treatment Foster Care (ITFC) and Therapeutic Foster Care (TFC) FFA Programs will be paid the new ISFC rate as displayed in [ACL 17-75](#). Counties can continue to make new placements after December 1, 2017 at the new ISFC rate with ITFC/TFC providers. Certified foster parents and approved resource parents in an existing ITFC/TFC Program should already be receiving the current ISFC rate.

CDSS has established a dedicated LOC mailbox for rates and policy questions; inquiries regarding HBFC rates and the LOC Protocol may be sent to LOC@dss.ca.gov.

RESOURCE FAMILY APPROVAL

- [ACIN I-01-18 \(January 18, 2018\)](#) informs county child welfare departments of the out-of-county protocol CWDA agreed to abide by. County probation departments shall follow one of three options outlined in the Written Directives.
- [ACL 18-02 \(January 10, 2018\)](#) informs counties about a statutory change regarding conversion of currently licensed, certified and approved families to Resource Families. This change allows families who provided respite care in 2017 to be eligible for conversion.
- All county child welfare directors and probation chiefs will receive an individual letter in early February from CDSS requesting a county assessment and plan to address barriers to timely approval. The letter articulates how the process is designed to be conducted in a 90-day timeframe and identifying opportunities to streamline county-established procedures, based on the results of CDSS county reviews conducted so far.

- The CDSS RFA team continues to participate in regional CWDA meetings across the state to discuss implementation. The meetings have changed to quarterly instead of monthly.

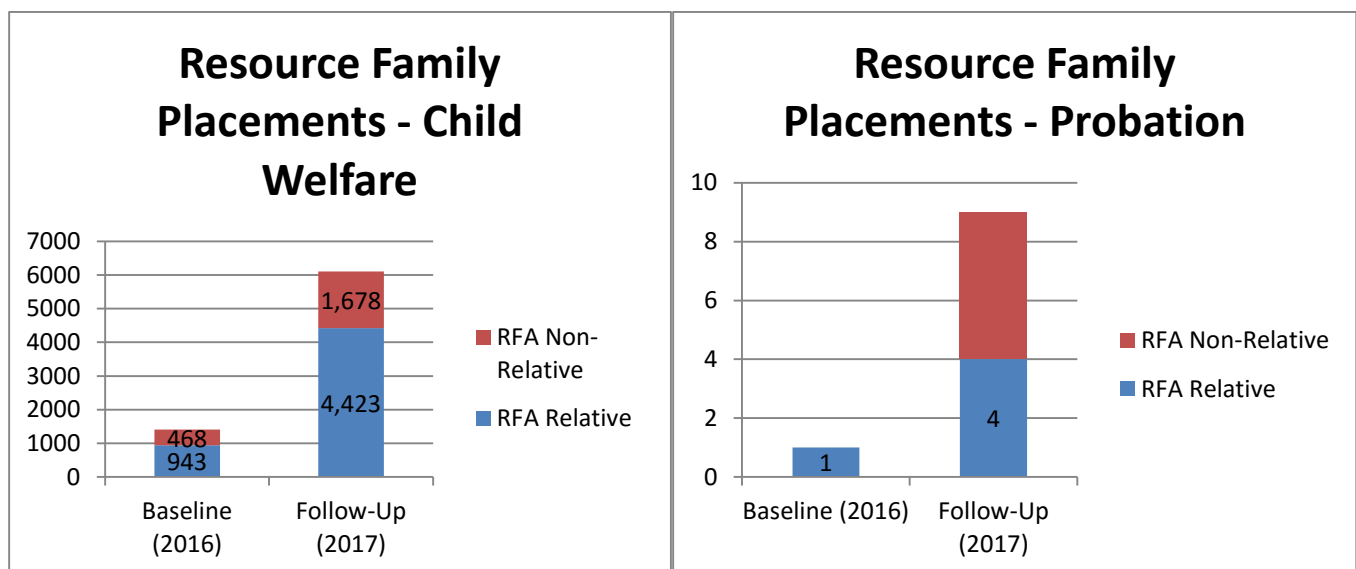
Technical Assistance Resource Family Approval (TARFA):

Supported by the Department and the Child Welfare Directors Association (CWDA), the TARFA meetings began in January 2017. They are held quarterly in five regional areas for all 58 counties. Attendees include CWS and Probation staff responsible for approving and monitoring Resource Families. Since the first January 2017 TARFA meeting, there has been a significant increase in county participation throughout the state. Continued technical assistance is available in various areas related to the RFA standards, background checks, home environment assessment, complaint investigations, special incident reporting requirements, RFA forms and CDSS legal administrative processes. Additionally, CDSS continues to host monthly statewide technical assistance calls. Counties, including child welfare and probation, are able to call in and ask questions related to RFA policy.

RFA Implementation Data

On July 1, 2017, approximately 72% of the children placed in Resource Family Homes were placed with relatives. The point-in-time trend analysis below shows that relative placements have remained consistently at about 70% as of July 1st each year since 2015. Since statewide implementation began in January, there has been a 130% change in RFA relative placements and a 113% change in RFA non-relative placements from July 2016 to July 2017, indicating that over the course of the year, relative placements are not declining in comparison to non-relative placements.

Point in Time placements in Resource Family Homes (July 1, 2017):

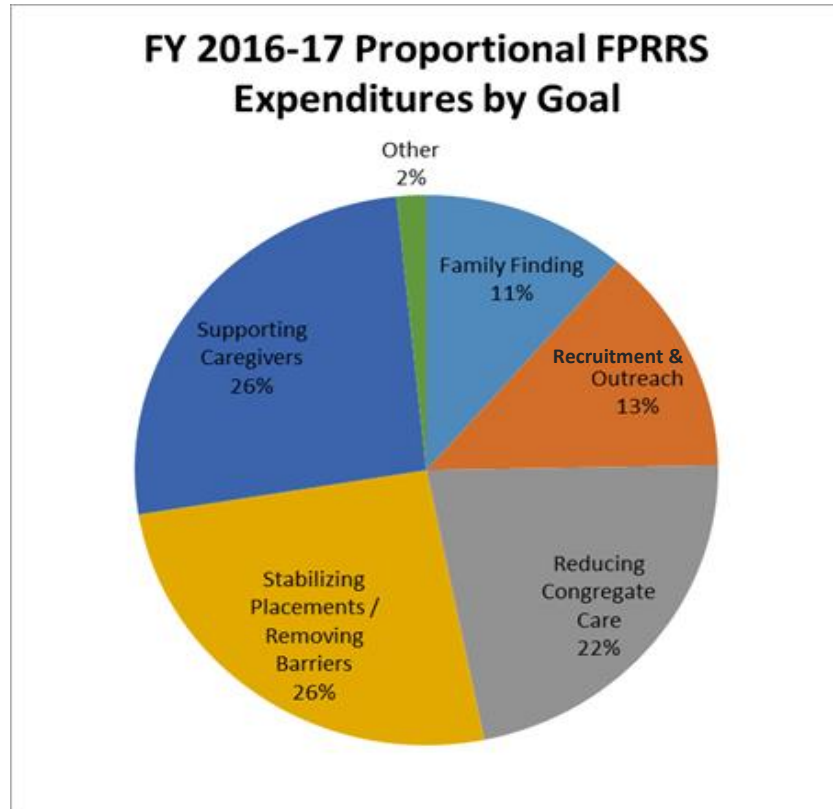


Data source: CWS/CMS 2017Quarter 3 extract, California Child Welfare Indicators Project, University of California at Berkeley

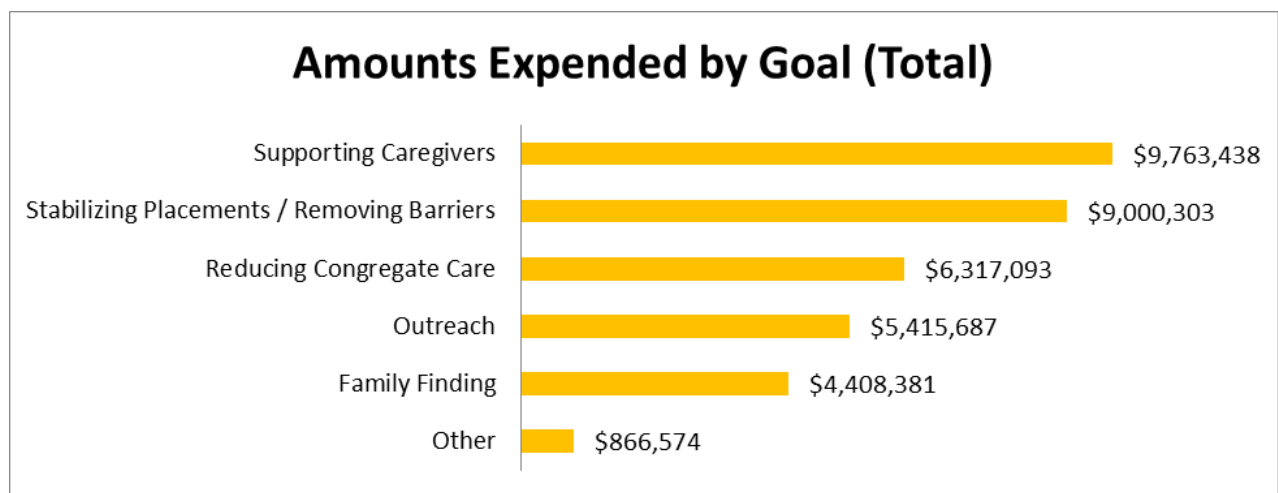
FOSTER PARENT RECRUITMENT, RETENTION AND SUPPORT

Overall Expenditures

The majority of FPRRS funding advances five major goals: family finding, recruitment & outreach, reducing congregate care, stabilizing placements and removing barriers, and supporting caregivers. The following chart shows the proportion of reported FPRRS expenditures during FY 2016-17 in support of each of these five goals.



The chart show below reflects dollar amounts expended for specific activities related to the five major FPRRS goals. These amounts reflect approximately \$35.77 million in funding which counties reported expending on FPRRS activities during FY 2016-17. Note that when an activity addressed more than one goal, the amount expended for that activity was divided evenly between the goals addressed.



General Scope of FPRRS Goals

Family Finding: Statutory requirements for family finding pre-date the FPRRS funding initiative and CCR; as such, this goal has elicited a lesser emphasis on identifying new and innovative methods than have other areas of caregiver recruitment, retention and support. Many departments focusing on this area pursued the acquisition of off-the-shelf family finding software (predominantly LexisNexis), then used FPRRS funds to hire additional staff positions (in many, but not all, cases dedicated to family-finding activities). Additionally, a handful of counties concentrated on training existing staff in family-finding techniques and a few counties contract with outside parties (mainly foster family agencies) to conduct family-finding activities, and committed FPRRS funds towards maintaining those contracts.

Recruitment / Outreach: Direct outreach efforts often took the form of displays or booths offering general information on caregiving, either as part of an existing community event (such as a county fair), or as a dedicated event organized by the county department. In the latter case, “one stop” events were a popular practice; at these events, prospective caregivers are able, in a single session, to complete most, if not all, of the preliminary steps to be approved as a resource family. Departments in many counties collaborated with community-based and/or faith-based organizations to assist in promoting awareness about the need for foster caregivers. Many county departments mounted conventional advertising campaigns, while others looked for more unusual “branding” methods. (For example, one department placed fostering information on reusable nylon shopping bags, which were distributed at local supermarkets.)

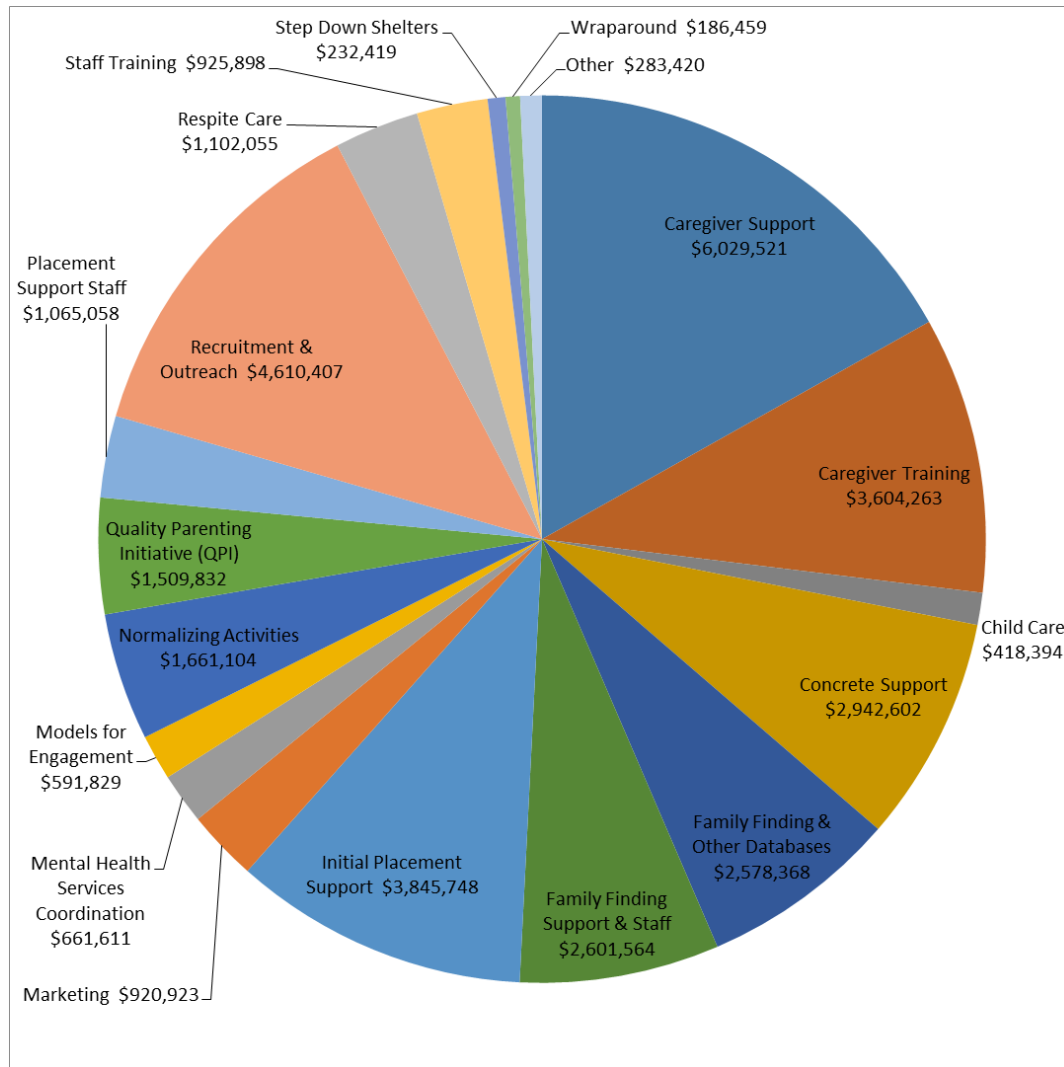
Reducing Congregate Care: This goal is largely addressed through activities which focus on FPRRS’ other major goals, such as outreach, supporting caregivers, family finding, and so on. Activities that directly targeted reducing congregate care have been more prevalent in county probation departments, which prior to CCR mainly utilized group homes for non-detention out-of-home placements. These activities included utilizing Wraparound services to step youth down from congregate care; increasing staffing in order to facilitate placements and support caregivers; and providing training to caregivers.

Stabilizing Placements / Removing Barriers: Most county departments devoted a significant portion of their FPRRS efforts towards addressing this goal, which overlaps to a large degree with the goal of Supporting Caregivers; the most notable difference is that this goal focuses more on existing placements, while supporting caregivers can include efforts made before approval and/or placement. Activities that provide direct financial support for normalizing experiences for children and youth in care (such as swim/gym/karate class fees, summer camps, sports equipment, yearbooks, etc.) form the most widespread efforts to address this goal. The furnishing of necessary items such as furniture, car seats, gas cards, etc., was also undertaken by most counties. In some cases, departments used FPRRS funds to remove barriers caregivers face, such as in attending required trainings.

Supporting Caregivers: As noted above, this goal overlaps significantly with the goal of Stabilizing Placements / Removing Barriers, but includes supporting prospective caregivers during the application and approval process. Some activities reported as addressing this goal, such as subsidizing health screenings and facilitating LiveScan fingerprinting, dovetail with other outreach efforts. Departments reported addressing this goal with the following activities; which includes providing initial placement supports, such as gift cards with which caregivers could purchase items such as diapers or other basic necessities. Other common supports included networking and mentoring efforts, often through the use of the Mockingbird Family Model or other hub home-type system, membership in caregiver associations, and caregiver appreciation events; the provision of counseling and other direct emotional support services; and respite care for caregivers.

Service and Support Categories

The following chart breaks down types of supports and services for children/youth and caregivers which have been typically addressed through the use of FPRRS fund. Each FPRRS activity usually provides multiple services and supports, the amounts expended for each activity have been divided equally between all of the services and supports provided by that activity:



Additional Expenditure Information

For FY 2015-16, counties submitted claims totaling approximately \$4.65 million. The remaining funds from the FY 2015-16 allocation were rolled over to FY 2016-17 and made available to counties in addition to the FY 2016-17 allocation. For FY 2016-17, counties have to date submitted claims for reimbursement totaling approximately \$43.54 million. It should be noted that counties may still make adjustments to their claims for FY 2015-16 and FY 2016-17. Additionally, some counties have made claims for reimbursement which exceeded their available allocations. While all claims represent FPRRS expenditures, those in excess of a county's allocation are not eligible for reimbursement from the SGF, and will ultimately be reflected as non-SGF expenditures.

County departments report supplementing FPRRS funding provided by the State with funds from other sources. For FY 2016-17, departments reported spending approximately \$9.75 million in non-FPRRS funds for FPRRS activities. In addition, county departments reported hiring a total of 291 additional staff members to provide direct services to caregivers.

Examples of Activity Outcomes

In addition to statistical data counties were encouraged to report anecdotal and qualitative data they believe to be illuminating, including any barriers faced, unexpected consequences or lessons learned from implementing particular strategies which can be shared with other counties. This information is still being sorted, reviewed and analyzed, and CDSS will update the SLR in the next quarter with more robust information; however below is a snapshot of some county updates.

Glenn County: By implementing the RFA approval process, one outcome is that approved relatives are continuing to provide foster care for children after the children they were caring for are reunited with their parents therefore increasing the number of resource families in Glenn County. The county had 11 licensed foster homes on average for the past two years, and since implementing RFA in January 2017 the county has already added six RFA approved homes, with four more pending approvals in the month of October. Placement stability has been increased by 30 to 100 percent. Congregate care has also been reduced by almost 50 percent from last year.

Humboldt County: The county spent \$1,913 in FPRRS funding in FY 2016-17 providing child care for 58 children in the care of prospective resource families, for 16 sessions of mandatory pre-service trainings that caregivers must complete in order to become an approved home. The FKCE program through College of the Redwoods, which provides pre-service trainings, previously provided child care for its attendees; however, it was unable to continue to do so this fiscal year. The lack of child care at these required trainings was identified as a barrier by caregivers; the county has provided child care funding to eliminate that barrier and assist caregivers in completing their trainings.

In FY 2016-17 Humboldt County spent \$510 assisting eight caregivers who identified the training fee as a hardship in attending mandatory First Aid and CPR trainings that were previously provided free of charge by the FKCE program through College of the Redwoods. The county also spent \$5785.34 to assist seven caregivers to attend training on Trauma Care, and to participate in out-of-county conferences hosted by the National Indian Child Welfare Association and the California Mental Health Advocates for Children and Youth. These experienced caregivers now serve as mentors for other caregivers, and were required to bring materials and information back to share at their caregiver association meetings. Information provided through these venues is considered needed and valuable by both the caregivers and the county.

Kings County: Two general recruitment activities and one targeted recruitment activity (for a specific youth) were conducted with churches in the community. The targeted recruitment activity was conducted on behalf of a 16-year-old in Permanency Planning who had been in four different placements. This recruitment was successful; the youth has now been in his current placement for eight months, and both the resource family and the youth want to proceed to adoption.

Los Angeles County: The department organized a fostering home event, for which 114 families RSVP'd and 70 attended; in addition, 72 families attended as walk-ins. In total, 142 families attended the event. Of those who attended, 65 individuals attended the joint on-site orientation, and 40 families submitted their application. DCFS processed live scans for 57 individuals and 25 families registered for the RFA pre-approval training.

Marin County: The county utilized FPRRS funds to hire a half-time resource family liaison, whose work was instrumental in preserving placement in at least 18 instances. Efforts undertaken by the liaison included: driving six hours round-trip to pick up a child from summer camp and arranging for temporary placement until the regular foster parent was able to resume care; providing one-on-one support to children with challenging behaviors whose placements had been disrupted until a safe place could be found for them to transition to; connecting families to important community resources, i.e. schools, Head Start, child care, MFCA, Adopt-a-family Marin, etc., that helped provide support needed to continue placement; and providing transportation support and schedule coordination for families so that the child's and family's needs were met.

One client who began services with Seneca's Family Finding Program during the reporting period was a 13-year-old African-American boy with five siblings. Each child had been in and out of the foster system for many years; the client had at least six placements in the two years prior to referral, and at the time of referral was in a group home. Initially, the Seneca Permanency Worker focused on building a team made up of the young man's maternal family. This team was able to articulate as a family what they thought the client's greatest needs were and began to think through how they might address them as a family. Additionally, the Seneca Permanency Worker began to explore who was on the paternal side of his family

(the father had died seven years earlier) and was eventually able to identify and engage members of this very large side of the family, which had lost contact with the children as they moved through the foster system. The positive impact of engaging these family members and giving them a space to begin to work formally as a team became apparent when over the course of a month the client and two of his siblings came into placement crisis. With the support of the Seneca Permanency Worker and social worker, and in communication with each other, the family was able to devise family-based plans for all of the siblings. The client was given a seven-day notice from his group home, but was able to move into an emergency placement with two different relatives while the next placement was identified. His relatives have been consistent in staying connected with him in the new group home setting and placement with an out of state paternal relative is being considered. Of the two other siblings in crisis, the client's younger brother was placed with an adult paternal half-brother, and their younger sister with lifelong friend of the maternal family; both have agreed to seek guardianship for the children.

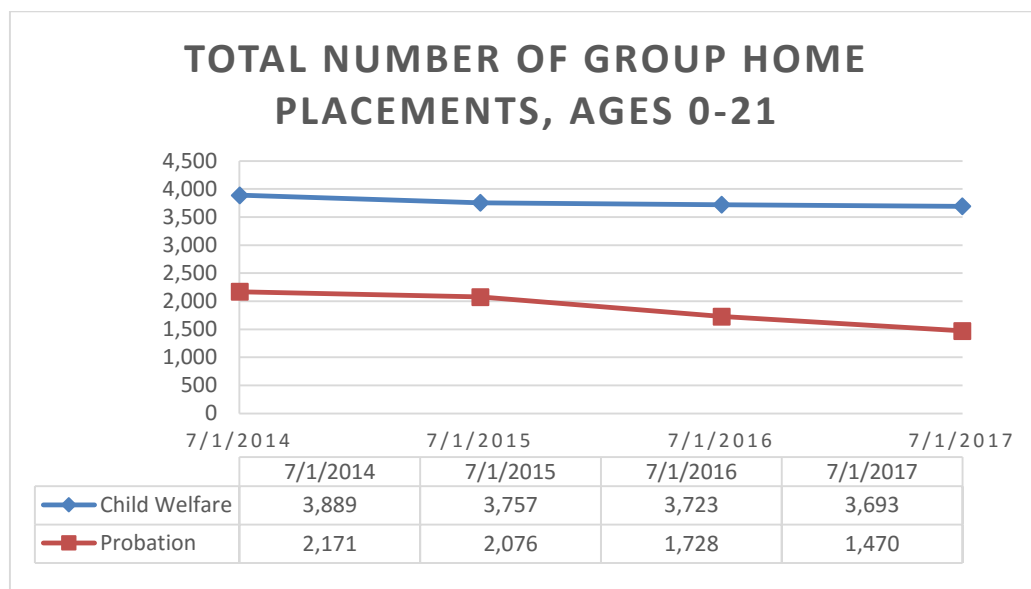
Riverside County (Probation): From January to June 2016, the department had 11 NREFM cases; prior to January 2017, NREFMs were primarily solicited and recruited when a youth appeared in court and the family suggested the placement of the youth with a family or friend. As a form of early intervention for child specific cases or other probation youth in need of a home based family care, the department is now soliciting at an early stage, pre-court/disposition, and the ability/willingness of a family to foster youth. As such, from January to September 2017, the department received 40 referrals, 18 pending the RFA process, and one approved case. Twenty-one of these referrals withdrew; the department intends to look into strategies to decrease this number.

San Joaquin County (Probation): The department's parent partner, through continued engagement and support, has helped maintain applicants throughout the approval process. She assisted in increasing the county's application numbers from zero to four.

Tulare County: Forty-five resource parents were given access to the Foster Parent College website to accrue training hours online. There were 49 trainings completed by care providers using FPC. Because of the high demand from resource families wishing to access eLearning, the county will purchase 150 licenses in FY 2017-18, so more resource families have this opportunity. With the increase in licenses, the number of caregivers using FPC will more than triple.

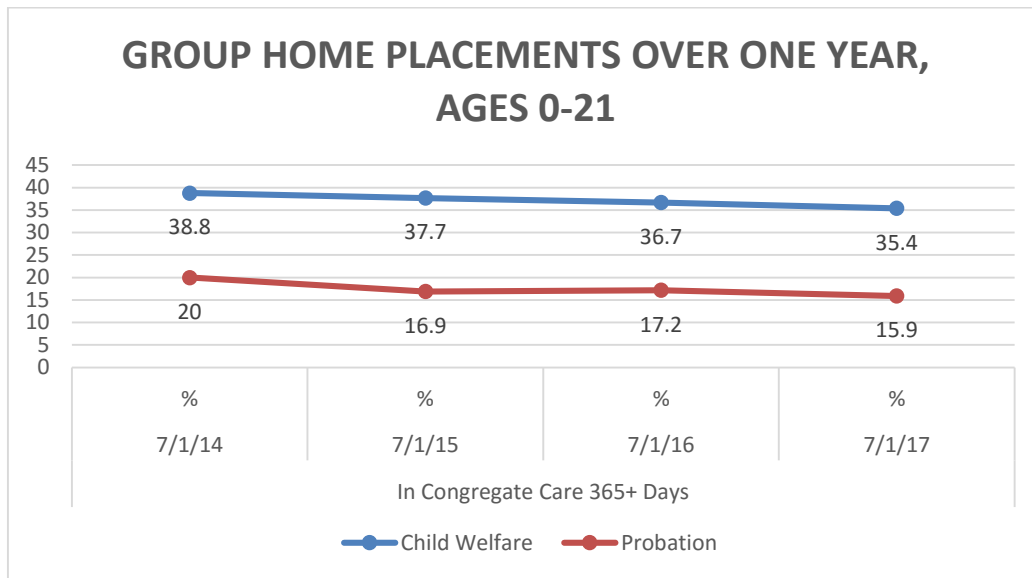
CCR IMPLEMENTATION DATA

The following chart shows the reduction in group home placements with probation agencies seeing a larger percent decrease (-32%) than child welfare (-5%) since 2014. Probation has seen an overall decline of 40% in youth placements from 2014 to 2017 versus a 3% percent decline in the Child Welfare population over the same time period. This contrast can be at least partially attributed to a concerted effort to reduce juvenile arrests, implemented since 2010.



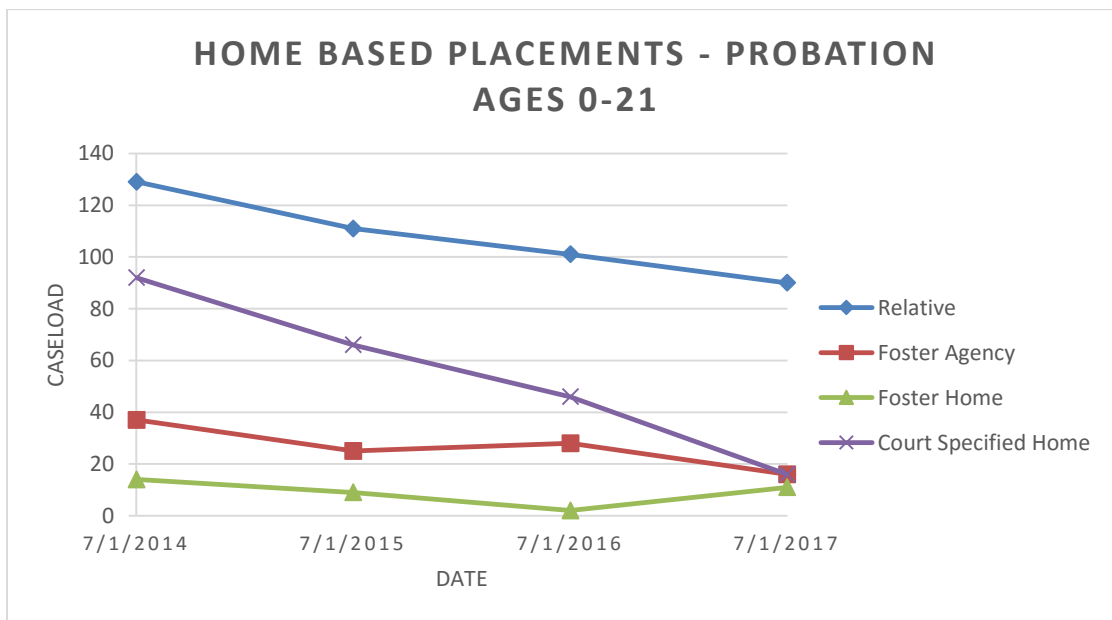
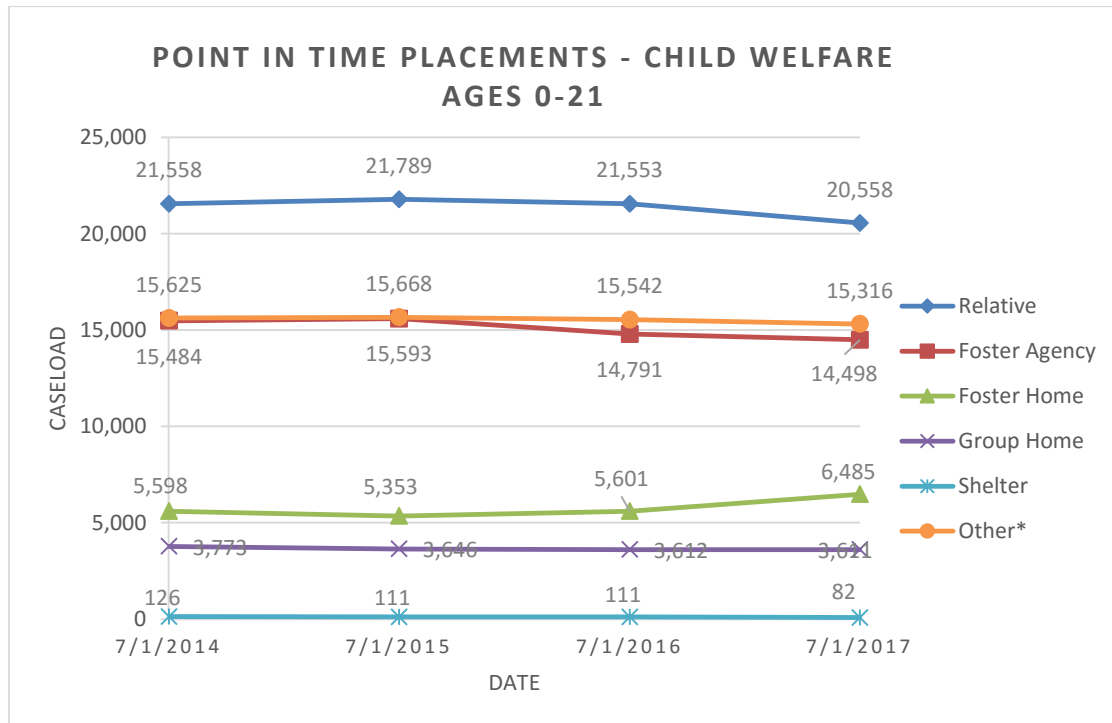
Data source: CWS/CMS 2016 Quarter 3 extract, California Child Welfare Indicators Project, University of California at Berkeley

The chart below shows the percent of youth (0-21) placed in a group home on July 1, 2014 through July 1, 2017, who had been in a group home for at least one year, stratified by child welfare and probation placements. Since 2014, group home placements over one year have slowly decreased as a proportion of all GH placements.

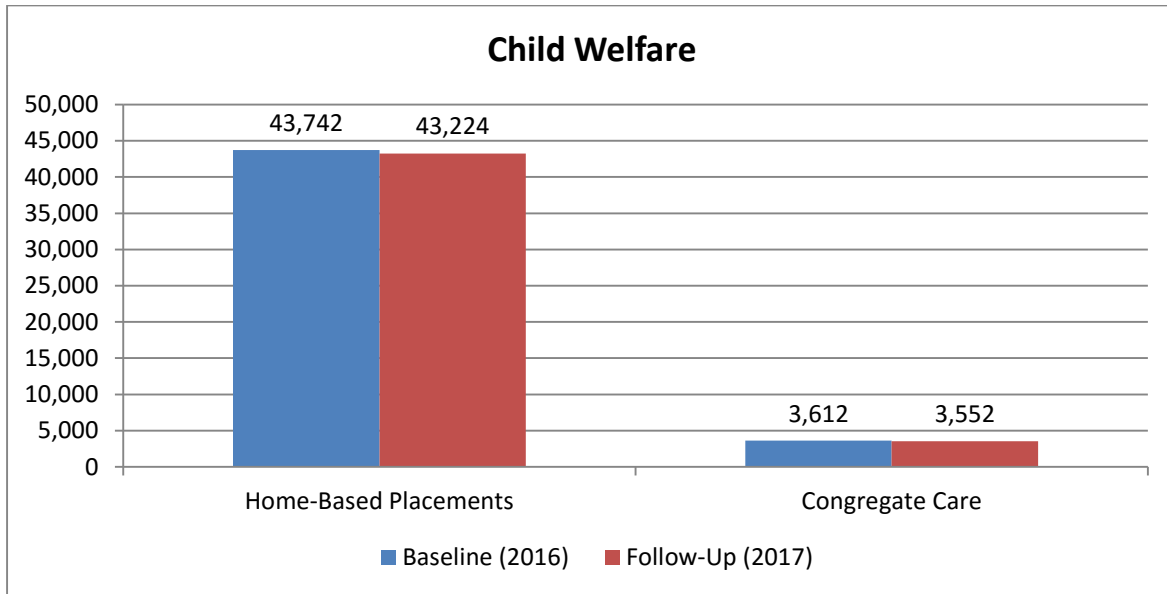


The following charts show the numbers of children, **ages 0-21**, in the identified placement type on July 1, 2014; July 1, 2015; July 1, 2016; and on July 1, 2017. The data points represent point-in-time caseloads on an annual basis. Not all placements types are included; therefore, this does not equal the total foster care population. As CCR is targeting the reduction of congregate placements and movements to lower levels of care, those placements were highlighted for this purpose. The June 2017 SRL report intended to establish a baseline period for statewide CCR implementation, although early implementation of RFA began prior to that date. As time progresses, it is theorized that an increase in Resource Family Home placements and a decrease in congregate care trends will emerge; however, due to the staggered implementation process of transitioning group homes to STRTPs, it will be difficult to discern the causal effects of CCR for some time.

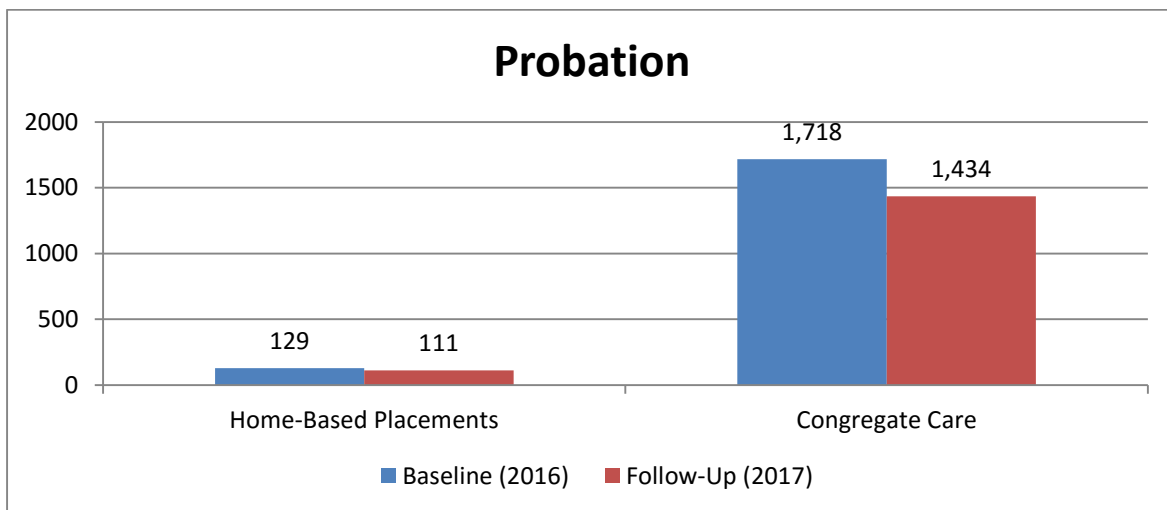
For child welfare, there has been a slight decrease in relative placements (21,553 in 2016, 20,558 in 2017) in the past year, while group home placements have remained relatively stable over time. The decrease in relative placements may be explained due to CWS-CMS data not separating RFA placements according to caregiver relationship (thus some relatives may be reflected as Foster Homes). Child Welfare placement type usage continues to be fairly stable. Since 2014, Probation has seen decreases in overall placements (3,892 in 2016 to 2,882 in 2017), with Relative and Court Specified Home placements decreasing most pointedly. According to a representative from the Chief Probation Officers of California (CPOC), the decrease in the probation population, over the last several years, is largely attributed to an almost 50% reduction in all juvenile arrests since 2010, as well as the effectiveness of the recidivism reduction programs which means youth are not having subsequent arrests after successfully completing probation.



Comparison of All Home-Based & Congregate Care Placement Types



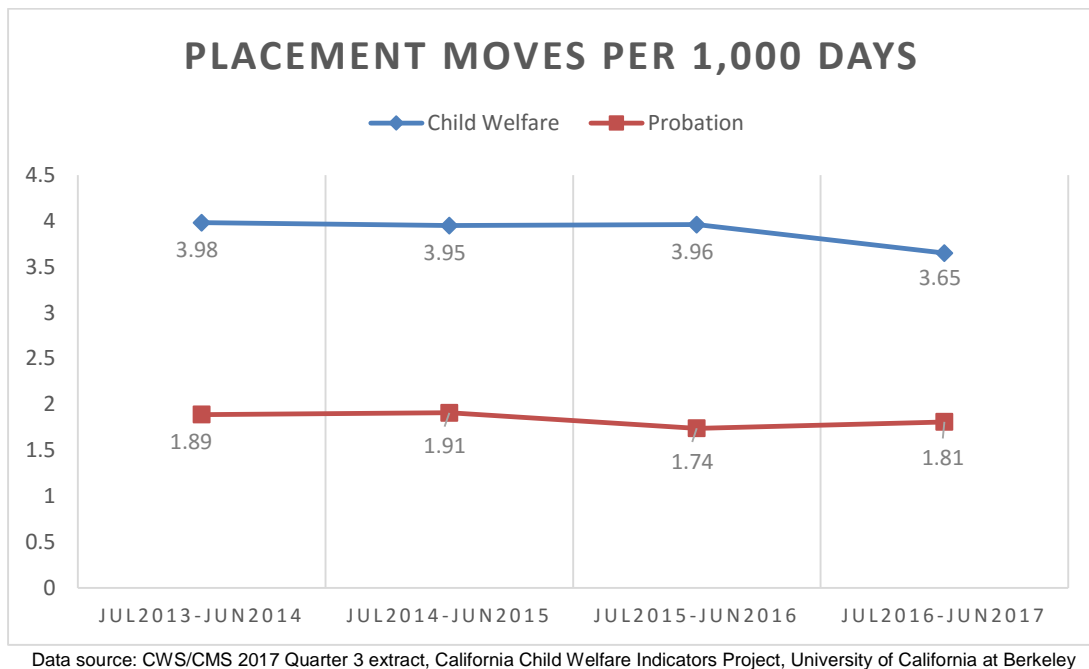
Data source: CWS/CMS 2017Quarter 3 extract, California Child Welfare Indicators Project, University of California at Berkeley



Data source: CWS/CMS 2017 Quarter 3 extract, California Child Welfare Indicators Project, University of California at Berkeley

CDSS anticipates that the reduction in Congregate Care placements may increase with implementation of Intensive Services Foster Care (ISFC) and recruitment of ISFC homes. Although this is a service that was available prior to the CCR reform the instructions for the program have changed and were not available until recently. The decrease in Probation placements can likely be attributed to the overall decrease in placement.

The following chart shows the average number of placement moves per child by agency per year. This is a federal measure. The federal compliance standard is 4.12. From calendar year 2014 to 2017 the average number of moves has remained relatively stable for both agencies.



The table below shows point in time data for group home placements by Rate Classification Level (RCL), stratified by age and race. Note the following three charts include youth ages 0-17 and do not include Non-Minor dependents.

Point in Time: October 1, 2017											
Agency	RCL	Age			Total	Race					
		0-10	11-15	16-17		Asian/ PI	Black	Hispanic	Native American	White	Unknown
Child Welfare	5-9	16	88	112	216	2	60	84	3	63	4
	10-11	60	361	356	777	18	231	315	9	191	13
	12-14	210	869	732	1,811	27	600	712	20	408	44
CW Totals		286	1,318	1,200	2,804	47	891	1,111	32	662	61
Probation	5-9	0	5	7	12	0	3	1	0	6	2
	10-11	0	71	167	238	3	58	128	4	44	1
	12-14	0	148	331	479	4	130	235	5	100	5
Prob. Totals		0	224	505	729	7	191	364	9	150	8
Totals		286	1,542	1,705	3,533	54	1,082	1,475	41	812	69

The following tables show placements for children who have been in a group home for 365 of the last 400 days. The first three sections are group homes broken out by RCL.

Stays Greater Than One Year, Point in Time: October 1, 2017										
RCL 5-9										
Agency	Age			Total	Race					
	0-10	11-15	16-17		Asian/ PI	Black	Hispanic	Native American	White	Unknown
Child Welfare	3	27	61	91	2	29	40	1	22	1
Probation	0	2	2	4						
Total	3	29	63	95	2	29	40	1	22	1
RCL 10-11										
Child Welfare	20	102	108	230	3	71	98	5	75	5
Probation	0	11	16	27						
Total	20	113	124	257	3	71	98	5	75	5
RCL 12-14										
Child Welfare	41	253	226	520	7	203	221	2	148	10
Probation	0	23	48	71						
Total	41	276	274	591	7	203	221	2	148	10
All Totals	64	418	461	943	12	303	359	8	245	16

The following table shows point-in-time data of youth placed in an out-of-state group home by the state:

Out of State Placements by Calendar Year (CY) and Point in Time (PIT) 10-1-17												
	AZ	FL	IA	MI	NV	OR	PA	TX	UT	VA	WY	Total
CY	34	12	151	85	0	2	103	6	34	0	18	445
PIT	17	7	63	42	45	1	48	5	27	6	10	271

The following chart shows the total number of Program Statements received and approved for FFA RFA and the number of applications received and licenses issued for new FFAs, STRTPs, and Temporary Shelter Care Facilities (TSCFs), as of Nov 13, 2017.

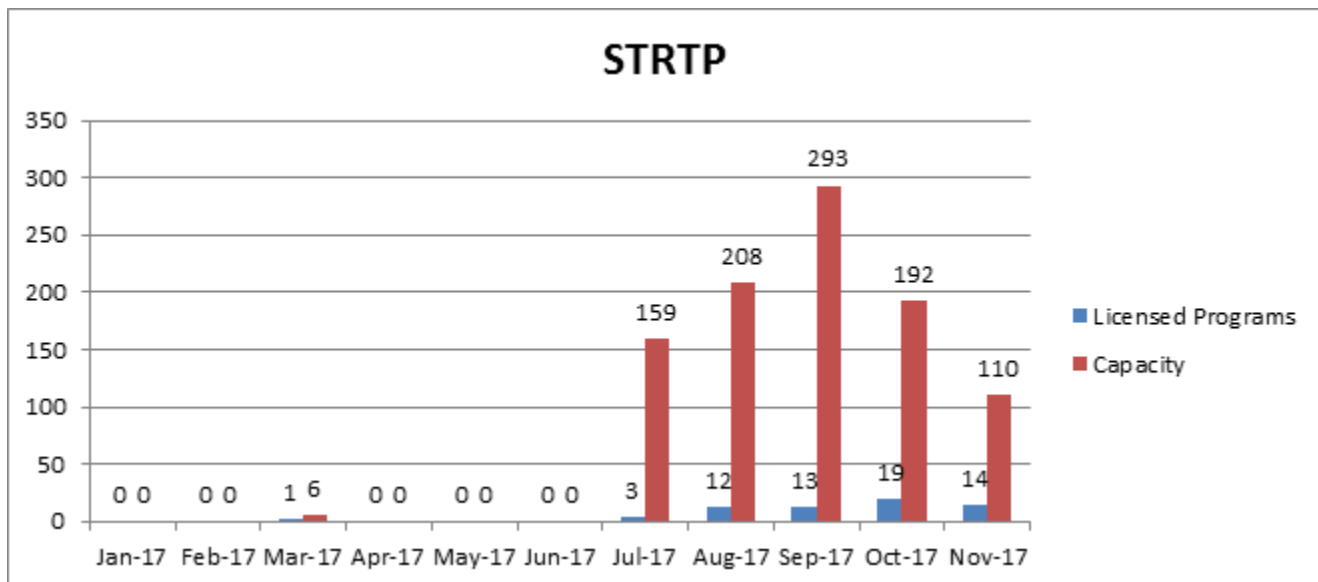
Number of program statements/applications submitted and approvals/licenses issued as of Jan 30, 2018

Regional Office	Foster Family Agencies Resource Family Approval		Foster Family Agency Licensure		Short-Term Residential Therapeutic Programs	
	Number of Program Statements Received for RFA	Number of Program Statements Approved for RFA	Number of Applications Submitted	Number of Licenses Issued	Number of Applications Submitted	Number of Licenses Issued
Sacramento	38	34	5	4	8	3
San Jose	64	53	4	3	12	12
Riverside	59	48	15	13	10	4
Monterey Park	55	47	17	10	4	2
Culver City	n/a	n/a	n/a	n/a	12	4
Total	216	182	41	30	46	25

Note: The number of STRTP applications submitted represents the number of providers requesting licensure.

Short-Term Residential Treatment Program Capacity

Note: since the end of the reporting period (July 1, 2017- thru Nov 2017), the number of licensed STRTPs as increased to 62 licensed facilities with a 968 bed capacity. All of the STRTP facilities were converted from group homes.



AUTOMATION

The following chart reflects changes to the Child Welfare Services/Case Management System (CWS/CMS), licensing systems and payments system needed to implement CCR.

System	Current Status	Next Step	Next Step Due Date
SAWS	Phase 2 was completed in November 2017 and implemented in all three of the SAWS	Phase 2 was the final phase of the SAWS automation and implementation. There are no more updates scheduled at this time.	N/A
Administrative Action Records System (AARS)	The AARS has been in production for 4 months with few problems being reported by users. As of 11/20/2017: <ul style="list-style-type: none"> 1,087 users have been registered to accessed the system. 47 Notice of Action (NOA's) have been uploaded to the database.	All development of additional enhancements have been placed on hold to the DSS IT resource constraints. A Request For Offer (RFO) to hire a contractor for the remaining enhancements requested by the customer has been developed and is in the review process. When finalized this contract will fund the development of all remaining customer requirements.	January, 2018
CWS/CMS	Release 8.1 is scheduled for deployment into production on January 6, 2018. This release includes additional Background Check information for caregiver approval, the ability to document when Mental Health needs meet the definition of medical necessity, and new processes to ease data entry and more accurately record history when existing licensed homes go through resource family approval.	Complete Release 8.1 testing before rollout of the CCR Phase 3 code changes for the CWS/CMS application. This release will complete the requested CWS/CMS changes to support RFA / CCR	January 6, 2018
Child Welfare Digital Services (CWDS)	Case Management Module is currently in the development phase. The CANS assessment tool was chosen and the CWDS is exploring options for automation.	CWDS will work with CDSS to plan New System functionality that limits or prevents duplicative data entry for the county social workers.	TBD

FISCAL UPDATE

County Fiscal Letters (CFL)

The CFLs are letters sent to counties and provide claiming instructions and funding amounts for CCR activities.

County Fiscal Letters (CFLs)

- [CFL 17-18-30 \(October 18, 2017\)](#): Updates to claiming instructions for the Resource Family Approval (RFA) Program
- [CFL 17-18-09E \(September 19, 2017\)](#): Errata to claiming instructions to county probation departments for Nonfederal Child and Family Teams for Youth in Detention
- [CFL 17-18-09 \(July 31, 2017\)](#): Claiming Instructions to County Probation Departments for Nonfederal Child and Family Teams for Youth in Detention

Coming Soon

The Phase II CFL will be released and will provide counties with revised CA 800 Assistance claims and instructions how to claim all rates associated with CCR.

Fiscal Year (FY) 2017-18 allocations for Child and Family Teams and Foster Parent Recruitment, Retention, and Support (FPRRS).

2017 Budget Act

The [Budget Act of 2017](#) provided \$179.5 million of funding, which includes \$133.9 million State General Fund. The [2017 May Revision](#) details the costs for CCR and are described in the *Continuum of Care Reform (CCR)* premise description, which is available in the Estimates Methodologies section, pages 119-128. Additional information on CCR is included in the Reference Documents section, pages 66-67.

CCR Reconciliation

With the implementation of CCR, the counties were provided upfront General Fund investments for the new Home Based Family Care rates and administrative activities such as FPRRS, CFT and RFA. It is anticipated that over time, assistance savings will be generated through group home cases moving to more family-like home based settings. A reconciliation process will be used to complete a thorough, by-county analysis to determine if the level of savings realized will impact the level of the on-going investment amounts. The following provides updates to the reconciliation process:

- A county specific reconciliation process was developed and implemented starting in December 2016 with input from County Welfare Director's Association, and counties.
- [County Fiscal Letter \(CFL\) No. 16-17-43](#) provided all counties with instructions for the reconciliation process for developing a base cost per case. It also explained that administrative expenditures will be pulled quarterly by the California Department of Social Services (CDSS) for the reconciliation process. All counties have submitted their assistance base cost per case.
- [All County Letter \(ACL\) No. 17-07](#) provided the revised Aid to Families with Dependent Children Foster Care Caseload Movement and Expenditures Report instructions that will assist with the tracking of caseload movement.
- An additional [CFL No. 16-17-60](#) provided updated reconciliation methodology for counties (typically small counties) that did not serve any cases impacted by the new CCR rates so that a fair reconciliation calculation could be performed.
- CDSS provided technical assistance and training to probation staff on CCR fiscal claiming and reconciliation in March, June and October 2017 for California Probation Officers of California (CPOC) Business Managers, at the CPOC Conference.
- By September/October 2018, CDSS will have enough expenditure data to reconcile the CCR assistance savings to the CCR new rates/administration costs, for each county, based on FY 2016-17 actual data.

Policy Claiming:

- [CFL 15-16-48](#) Foster Parent Recruitment, Retention and Support Program Claiming Instructions for County Probation Departments
- [CFL 15-16-37E](#) Errata to Foster Parent Recruitment, Retention and Support Program
- [CFL 16-17-60](#) Continuum of Care (CCR) Reconciliation Methodology for Zero Base Populations
- [CFL 16-17-43](#) Continuum of Care Reform Assistance Reconciliation Methodology
- [CFL 16-17-41](#) Continuum of Care Reform (CCR) Home Based Family Care Rate Phase I Claiming Instructions
- [CFL 16-17-41E](#) Errata to Continuum of Care Reform (CCR) Home Based Family Care Rate Phase I Claiming Instructions
- [CFL 16-17-41EII](#) Errata II to Continuum of Care Reform (CCR) Home Based Family Care Rate Phase I Claiming Instructions
- [CFL 16-17-22](#) Child and Family Team Claiming Instructions
- [CFL 16-17-20](#) Foster Parent Recruitment, Retention and Support Funding Opportunity Child Care

Allocations:

- [CFL 16/17-76](#) Fiscal Year 2016-17 Final Continuum Of Care Reform Resource Family Approval Program Allocation For County Welfare And Probation Departments
- [CFL 16-17-71](#) Fiscal Year 2016-17 Allocation for Continuum of Care Reform Second Level Administration Review
- [CFL 15-16-58](#) Fiscal Year 2015-16 Foster Parent Recruitment, Retention and Support Program Allocations for County Welfare and Probation Departments
- [CFL 16-17-54](#) Fiscal Year 2016-17 Continuum of Care Reform Foster Family Agency Social Worker Rate Increase General Fund Allocation
- [CFL 16-17-45](#) Fiscal Year 2016-17 Continuum of Care Reform Resource Family Approval Program Allocations for County Welfare and Probation Departments
- [CFL 16-17-35](#) Fiscal Year 2015-16 Foster Parent Recruitment, Retention and Support Program Planning Allocation
- [CFL 16-17-34](#) Fiscal Year 2016-17 Foster Parent Recruitment, Retention and Support Program Allocations for County Welfare and Probation Departments
- [CFL 16-17-05](#) Fiscal Year 2015-16 Continuum of Care Reform Foster Family Agency Social Work Rate Increase General Fund Allocation

UPCOMING MEETINGS

Here is a list of some of the CCR related meetings and presentations currently scheduled for the next few months. New meetings are added regularly. For a complete list of upcoming meetings, please visit the [CCR website](#).

Date	Location/ Type of Presentation	Audience	Host	Overview	Contact Information
2/6/18	Training	RFA County Staff	CCR/CCL	Technical Assistance Resource Family Approval Trainings	Wendy Cook Wendy.Cook@dss.ca.gov
2/7/18	Conference Call	Stakeholders	CDSS & DHCS	Integrated Practice Technical Assistance Call	KatieA@dhcs.ca.gov
2/7/18	Conference Call	Counties (CWS, Probation)	CDSS	RFA Technical Assistance call for CWS and Probation Departments	Kendra Elmendorf Kendra.Elmendorf@dss.ca.gov
2/15/18	Training	RFA County Staff	CCR/CCL	Technical Assistance Resource Family Approval Trainings	Wendy Cook Wendy.Cook@dss.ca.gov
2/20/18	Training Sacramento	Probation, CWS county staff	CPOC	Targeted Foster Parent Recruitment - Developing Recruitment Strategies for Probation Foster Youth	Register: http://www.cvent.com/d/ytqz9n
2/20/18	Training	RFA County Staff	CCR/CCL	Technical Assistance Resource Family Approval Trainings	Wendy Cook Wendy.Cook@dss.ca.gov
2/21/18 - 2/22/18	Training Sacramento	Probation, CWS county staff	CPOC	Targeted Foster Parent Recruitment	Register: http://www.cvent.com/d/7tq2z4
2/22/18	Meeting CBHDA	CDSS, DHCS, CWDA, CPOC, CBHDA, CSAC, CDE	CDSS& CBHDA	State/County Implementation Team INVITATION ONLY	CCR@dss.ca.gov

California Department of Social Services, Continuum of Care Reform Branch

2/22/18	Meeting	Probation, CDSS, RCFFP	RCFFP	Probation Advisory Committee	dkrodriguez@ucdavis.edu
2/27/18	RITE Meeting	Stakeholders	CDSS, RTA, Casey	CCR Southern RITE INVITATION ONLY	Theresa Thurmond Theresa.Thurmond@dss.ca.gov
2/27/18 – 2/28/18	Training	RFA County Staff	CCR/CCL	Technical Assistance Resource Family Approval Trainings	Wendy Cook Wendy.Cook@dss.ca.gov
3/1/18	CDSS Auditorium	Stakeholders	CDSS	Stakeholder Implementation Advisory Committee	CCR@dss.ca.gov
3/6/18	Training	RFA County Staff	CCR/CCL	Technical Assistance Resource Family Approval Trainings	Wendy Cook Wendy.Cook@dss.ca.gov
3/7/18	Conference Call	Stakeholders	CDSS & DHCS	Integrated Practice Technical Assistance Call	KatieA@dhcs.ca.gov
3/15/18	RITE Meeting	Stakeholders	CDSS, RTA, Casey	CCR L.A. RITE INVITATION	Theresa Thurmond Theresa.Thurmond@dss.ca.gov
3/22/18	Meeting CBHDA	CDSS, DHCS, CWDA, CPOC, CBHDA, CSAC, CDE	CDSS& CBHDA	State/County Implementation Team INVITATION ONLY	CCR@dss.ca.gov
4/4/18	Conference Call	Stakeholders	CDSS & DHCS	Integrated Practice Technical Assistance Call	KatieA@dhcs.ca.gov
4/5/18	Meeting	Probation, CDSS, RCFFP	RCFFP	Probation Advisory Committee	dkrodriguez@ucdavis.edu
4/16/18-4/17/18	Summit	Youth & Families	The Youth & Family Collective	California Coalition for Youth, Youth Empowerment Summit	Jason@calyouth.org
4/16/18-4/17/18	Conference	Those county level staff involved with implementing CCR. Probation Chiefs, Juvenile Directors placement supervisors.	CDSS & CCR	CPOC CCR	liz@cpoc.org